

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

 State File No. 102  
 Registrar's No. 7

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Bates</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>408 W. Harrison</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>F.</u> c. (Last) <u>Mefford</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Jan 7, 1951</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>3-24-1876</u>
<b>9. AGE</b> (In years last birthday) <u>74</u>		<b>10. MONTHS</b> <u>9</u>	<b>11. DAYS</b> <u>13</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Building</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Vincent Mefford</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Rebecca Weeks</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Martha Jane Mefford</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>Martha Jane Mefford Butler Mo.</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Martha Jane Mefford Butler Mo.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Thrombosis</u> <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left Hemiplegia</u> DUE TO (c) _____	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 days</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>		<b>22. I hereby certify that I attended the deceased from</b> <u>Jan 3, 1951</u> , to <u>Jan 7, 1951</u> , that I last saw the deceased alive on <u>Jan 7, 1951</u> and that death occurred at <u>9:00 A.M.</u> , from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> (Degree or title) <u>Carter W. Luter M.D.</u>		<b>23b. ADDRESS</b> <u>Butler, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>1-8-51</u>		<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Rural</u>	
<b>24b. DATE</b> <u>1-9-1951</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Crescent Hill Cem.</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Adrian, Missouri</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>John E. Underwood</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>Jan 8-1951</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Kendall Perry</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>John E. Underwood</u>		<b>ADDRESS</b> <u>Butler, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

 Date  
 071  
 0

RECEIVED 1-15-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 1-15-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed Robert B. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.